



BETHESDA CHEVY CHASE SURGERY CENTER LLC TRANSPORTATION RELEASE

I understand that the anesthetic to be administered to me may have effects that may make it hazardous for me to drive a car or to otherwise travel alone to my home following the recovery period. I do understand that Bethesda Chevy Chase Surgery Center, LLC will not perform my scheduled surgical procedure unless I have arranged a responsible person to accompany me and transport me to my home.

I have been advised to have someone with me at home for the first 24 hours of my surgery. I also understand that I will not be discharged until the responsible person transporting me home has signed this form prior to the discharge.

Patient Label

I hereby assume responsibility for accompanying and transporting the below-named patient to his /her home.

X _____
Name of Responsible Person

X _____
Phone Number

X _____
Signature of Responsible Person

X _____
Date

X _____
Signature of Patient

X _____
Date

Witness
(Front Desk Associate to Sign)

Date

Bethesda Chase Surgery Center, LLC
6931 Arlington Rd, Suite E
Bethesda, MD 20814
301-968-3184